en.	SENI	DER: COIVIPLE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		. So	ia O
COMMISSION CLERK	ite ■ Pri so ■ Att or	omplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. int your name and address on the reverse of that we can return the card to you. tach this card to the back of the mailpiece, on the front if space permits.	D. Is delivery address different from item 1?	Agent Addressee Yes No	0-030 79 7 1 1 1 6 4 0EC -6 1	
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		05-0573A	4. Restricted Delivery? (Extra Fee)	⊒ Yes		
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	State of Florida PS Fo	orm 3811, March 2001 Domestic	Return Receipt 102	2595-01-M-1424	inger og på stærretine i der skrivet er far i ser en	n .
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